



Membership Renewal 2009

Membership Type *	<input type="checkbox"/> Join Please select this if you are a joining for the first time <input type="checkbox"/> 1 Year Membership (\$150.00) Small businesses (1-6 employees)
Payment System *	Please direct deposit to Turrumurra Community Bank BSB 633 108 Account: 128345733 or post cheque to P.O Box 51, Turrumurra 2074
Your Name * Your First & Last name	<input type="text"/> <input type="text"/>
Your E-Mail Address * A confirmation email will be sent to you at this address	<input type="text"/>
Business Name *	<input type="text"/>
ABN/ACN *	<input type="text"/>
Employees * Please enter the Number of Employees	<input type="text"/>
Title * Owner, Principal, manager etc	<input type="text"/>
Phone * Please enter your main contact number	<input type="text"/>

<p>Mobile Number</p>	<input type="text"/>
<p>Business Type * Choose any categories which apply</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Cafe <input type="checkbox"/> Restaurant <input type="checkbox"/> Other Food Outlet <input type="checkbox"/> Clothing Retail <input type="checkbox"/> Food Retail <input type="checkbox"/> Specialty Retail <input type="checkbox"/> Other Retail <input type="checkbox"/> Financial Service <input type="checkbox"/> Other Service <input type="checkbox"/> Real Estate <input type="checkbox"/> Pharmacy <input type="checkbox"/> Hair or Beauty <input type="checkbox"/> Sports and Rec <input type="checkbox"/> School <input type="checkbox"/> Home Office
<p>Years in Business * within Turramurra</p>	<input type="text"/>
<p>Property Owner If you are renting a commercial property, please enter your Property Owners / Landlords Name</p>	<input type="text"/>
<p>ADDRESS INFO</p>	
<p>Street *</p>	<input type="text"/>
<p>City *</p>	<input type="text"/>
<p>Post Code*</p>	<input type="text"/>